

Dighton-Rehoboth Regional School District
2700 Regional Road
North Dighton, MA 02764
508-252-5000

Student Registration & Enrollment Guidelines

Welcome to the Dighton-Rehoboth School District.

The purpose of this letter is to outline the registration procedures for all students enrolling in school district.

Parents are reminded that the Commonwealth of Massachusetts attendance regulations require that all children who have attained the age of six years must be registered and entered in the public schools. Parents do have the option of not entering their children into kindergarten. However, at the time of enrollment, children will be placed in the appropriate grade based on meeting the age requirements as noted. According to the School Committee policy JEB: The kindergarten entrance age is five (5) years of age on or before August 31st, and the grade one entrance is six (6) years of age on or before August 31st.

Registration Procedures:

- You are required to bring with you a **current medical form** from your child's doctor.
- **Original birth certificate with a raised seal**
- **Driver's license with your Rehoboth or Dighton address**
- **Certificate of residency ****: This form needs to be signed and stamped by the Rehoboth or Dighton Town Clerk.
- **Proof of Residency**: Attached is a copy of the Dighton-Rehoboth School District's residency requirements for your review. At least one original document from each category listed as shown on the Residency form is required. Your child will not be enrolled unless you have these documents at the time of your appointment.

**** Residency form JFAA /JFBA –This form must be certified by the Town clerk at the Rehoboth Town Office or the Dighton Town Office.**

English: If you need this, or any other document translated into a different language, please notify the Business Office. **French:** Si vous avez besoin d'une traduction de ce document ou d' un autre document, veuillez le signaler au directeur du lycee. **Spanish:** Si necesita una traduccion de este documento u otros documentos, por favor notifique Ud, al director de la escuela. **Portuguese:** Se necessita isto, ou qualiquer outro documento tradiziu numa linguagem diferente, por favor notifica o director de escola.

All students, regardless of race, color, sex, religion, national origin, sexual orientation, gender identity, disability, or homelessness, have equal access to the general education program and the full range of any occupational/vocational education programs offered by the district.

DIGHTON-REHOBOTH REGIONAL SCHOOL DISTRICT
Registration/Emergency Student Information

School name: _____

Student's Name: (Last) _____ (First) _____ (Middle) _____ Room Number/Teacher _____

Street Address _____ D.O.B. _____ Gender M/F/N _____ Home Phone _____

Last School Attended: (Name & Address) _____

1. Parent/ Guardian: _____ Home Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (Please Print) _____ D.O.B. _____ P.O.B. _____

2. Parent/ Guardian: _____ Home Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (Please Print) _____ D.O.B. _____ P.O.B. _____

With whom does the child reside...Please circle Father Mother Stepfather Stepmother Other _____

Are there Court Documents or Verification concerning this child? Yes _____ No _____ If yes, please attach copy

Does this child have an I.E.P. (Individual Education Plan)? Yes _____ No _____

Does this child have a 504 Accommodation Plan? Yes _____ No _____

Emergency Contacts OTHER THAN PARENTS/GUARDIANS noted above: (In order of priority)

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Emergency Medical Information:

Primary Care Physician _____ Phone _____

Dentist _____ Phone _____

Medical Concerns: _____

If you do not have health insurance, Mass Health is available to uninsured children. Please contact school nurse for more information. All communication will be kept confidential.

IF YOUR CHILD HAS A MEDICAL ISSUE, PLEASE MAKE AN APPOINTMENT WITH THE SCHOOL NURSE

I give the school nurse permission to share relevant medical information with school staff, emergency medical personnel and my child's physician.

****Parent/Guardian Signature****

Date _____

Today's Date _____ Entry Date _____ Entering Grade _____

2/14/2019

Dighton-Rehoboth Regional School District
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School Name: _____

Student Name: _____

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
First Name _____	Middle Name _____	Last Name _____
		F <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Gender
Country of Birth (mm/dd/yyyy) _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school _____/_____/_____
School Information		
_____/_____/_____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade
Questions for Parents/Guardians		
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak?	Which language do you use most with your child?	
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: _____ X	_____/_____/_____ Today's Date: (mm/dd/yyyy)	

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ETHNICITY AND RACE IDENTIFICATION FORM
Required by United States Department of Education

Student Name: _____

Parent/Guardian Name: _____

Race and Ethnicity – Both Part 1 and Part 2 must be answered.

Part 1: Ethnicity **Is this individual Hispanic/Latino? (Choose only one)**

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central America or other Spanish culture or origin, regardless of race.)

Part 2: Race **What is the individual's race? (Must choose one or more)**

_____ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

_____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American:** A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands.

_____ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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MILITARY STATUS

Applies to students in military families who are the children of the following:

1. Active duty members of the uniformed services. "Active duty" refers to full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders. "Uniformed services" means the Army, Navy, Air Force, Marine Corps, Coast Guard, including the Commissioned Corps of the National Oceanic and Atmospheric Administration, and Public Health Services;

_____ **Yes, Active duty**

2. Members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement;

_____ **Yes, child of members or veterans who are medically discharged or retired for one year**

3. Members of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death.

_____ **Yes, child of member who died on active duty for a period of one year after death**

Does not apply to students who are the children of the following:

1. Inactive members of the National Guard and Reserves;
2. Members of the uniformed services who are now retired (except as defined above);
3. Veterans of the uniformed services (except defined above); or
4. Other United States Department of Defense personnel or other civilian and contracted employee not defined as on active duty.

_____ **No, this does not apply to my family.**

Student name

Parent/Guardian signature

Date

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RELEASE OF CONFIDENTIAL INFORMATION

Name of Student: _____

Date of Birth: _____

I authorize: School name, address, phone and fax numbers:

To release confidential reports and information concerning:

_____(Student's name)

For the purpose of planning to:

Dighton-Rehoboth Regional School District
2700 Regional Road
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Material authorized for release includes:

School records

Chapter 766 Reports and Educational Plan (if applicable)

Medical Reports and information

Other (specify) _____

Signature of Parent or Guardian

Date

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FILL OUT FOR STUDENTS ENTERING KINDERGARTEN ONLY

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

- ☐ My child did not have any formal early childhood program experience
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- ☐ My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.
- ☐ My child attended a Licensed Family Child Care Provider (indicate hours below)
____ for less than 20 hours per week
____ for 20+ hours per week
- ☐ My child attended a Center Based Program (indicate hours below)
____ for less than 20 hours per week
____ for 20+ hours per week
- ☐ My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program (indicate hours below)
____ for less than 20 hours per week
____ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

Dighton-Rehoboth Regional School District
HEALTH HISTORY

Student's Name: _____ Date: _____ Grade: _____

1. Preschool Experience: _____

2. Timing of Developmental Milestones: _____ on time _____ delayed (explain)

3. Special Needs already identified: _____

4. Allergies: _____
Symptoms: _____
Treatment: _____
How many times stung by bee/wasp: _____

5. Medical Problems / Accidental injury history: _____

6. Vision and Hearing Problems: _____
Does your child wear glasses? _____ Yes _____ No
Does your child wear aids? _____ Yes _____ No

7. Any medication on a regular basis? _____ Yes _____ No
(if yes, explain) _____

8. Mother's Health during pregnancy: _____
Fetal Alcohol/Cocaine exposure: _____
Delivery: _____ full term _____ premature _____ vaginal _____ C-section
Problems at delivery or infancy? _____

9. Family Medical History: (parents, siblings)

_____ Allergies	_____ Asthma
_____ Diabetes	_____ Heart problems
_____ Vision	_____ Hearing
_____ Seizures	_____ Other

12. Does this child have health insurance? _____ Yes _____ No
Physician's Name: _____

13. Has this child ever had a dental exam? _____ Yes _____ No
Dentist's Name: _____

Signing below will give the nurse permission to share information with school personnel on a "need-to-know" basis, and in the event of a life-threatening emergency, to give the principal/school nurse permission to take whatever steps they deem necessary if a legal guardian cannot be immediately reached.

Parent/ guardian signature: _____ Date: _____

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Photo/News/Yearbook Release

At times, the **MEDIA** is invited to capture events and projects that are part of the student experience here at school. The Rehoboth Reporter, Taunton Gazette, Local Cable, The Sun Chronicle and The Providence Journal are typically the media outlets that occasionally seek to communicate worthwhile activities that occur in our school. Since videos, photos, and news stories about our school occasionally use the name of child(ren), we request parent/guardian permission.

One form must be returned for each child

PLEASE FILL OUT BOTH SECTIONS

***Please check one of the following:**

- ☐ I give permission for my child to be included in any photo, video, or school website that may be viewed by the public.
- ☐ I **DO NOT** give permission for my child to be included in any photo, video or school website that may be viewed by the public.

***Please check one of the following:**

- ☐ I give my permission for my child's photo to be put in the yearbook.
- ☐ I **DO NOT** give permission for my child's photo to be put in the yearbook.
(The child will also be excluded from the classroom group photo.)

CHILD'S NAME: _____ GRADE _____ ROOM _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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STUDENT DISMISSAL

To help ensure the safety of your child, it is necessary that **one form is returned** for each child indicating where your child will be picked up and dropped off.

Please note the bus pick up/drop off policy for the Dighton-Rehoboth Regional School District:
****Students shall have one (1) pick up location in the AM and one (1) drop off location in the PM.**

Changes may only occur with written permission from the school principal or his/her designee and Bloom Bus Company and only in the case of an emergency or extenuating circumstances.

School Name: _____

Student Name (Please print) _____ Grade _____

Home address: _____

BUS AM PICK UP ADDRESS: _____

BUS PM DROP OFF ADDRESS: _____

OR

_____ **MY CHILD WILL BE DROPPED OFF AT SCHOOL EVERY DAY – NO BUS SERVICE NEEDED.**

**OR _____ ATTENDING CHAMPIONS
_____ TRANSPORTED BY YVAN**

_____ **MY CHILD WILL BE PICKED UP FROM SCHOOL EVERYDAY - NO BUS SERVICE NEEDED.**

**OR _____ ATTENDING CHAMPIONS
_____ TRANSPORTED BY YVAN**

Person picking up must be listed on the student contact emergency sheet.

Parent/Guardian Signature _____ Date: _____

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RESIDENCY

To attend the Dighton-Rehoboth Regional School District, a student must be a resident of Dighton or Rehoboth. "Residence" is the place where a person dwells permanently, not temporarily, and is the place that is the center of his or her domestic, social, and civic life. This policy does not apply to students participating in school choice or foster children residing in the district.

VERIFICATION OF RESIDENCY

In order to register a student with the Dighton-Rehoboth Regional School District, the parent or guardian (or the student if age 18 or older) must produce a completed Certificate of Residency (Policy JFAA/JFBA-E), and at least one original document from each category listed below:

Category 1: Evidence of Residency:

- Record of recent mortgage payment and/or property tax bill from a member town
- Fully signed and executed lease or rental agreement
- Proof of tenancy-at-will: Landlord Affidavit and most recent rental payment
- Section 8 Agreement

Category 2: Evidence of Occupancy

- Utility (gas, oil, electric, home phone, cable, water) bill or work order dated within the past 60 days with name and address stated
- Bank statement or pay stub with name and address stated
- Excise tax bill with name and address stated

Category 3: Proof of Identification

- MA Driver's License
- MA Photo ID Card
- Passport
- Government-Issued ID (i.e. Student Visa, Work Visa)

The Superintendent may require production of additional documents from one or more categories. Individuals having difficulty providing the requested documentation should contact the Superintendent of Schools.

ENFORCEMENT

Should circumstances arise following initial registration and enrollment that give rise to a reason to believe that a student is not, or is no longer, a resident of the school district, such student's residency will be subject to review. The Superintendent may request additional or updated documentation of residency, and may also, with the assistance of school personnel or town officials, review surrounding facts and circumstances to determine residency status.

If the Superintendent determines that the student does not reside in the district, the enrollment may be terminated, and any person who violates or assists in the violation of this policy may be required to pay restitution pursuant to the provisions of Massachusetts General Laws Chapter 76, Section 5.

If a student's enrollment is denied, terminated or conditioned upon the payment of tuition, he or she may appeal to the Superintendent.

EXCEPTIONS TO RESIDENCY REQUIREMENT

This residency requirement shall not apply to students who are entitled to attend the Dighton-Rehoboth Regional School District under the McKinney-Vento Homeless Assistance Act.

This requirement shall not apply to students who are enrolled in the school district under the provisions of MGL Chapter 76, Section 12, where a student is placed with a resident of Dighton or Rehoboth by a licensed adoption agency or by the State Department of Social Services.

Any student who becomes a non-resident of the district during the school year will be permitted to remain in the district until the end of the semester in which the non-residency occurs. If a senior becomes a non-resident on or after the first day of school during the senior year, the student will be allowed to continue attending school until the end of that school year. Transportation to the school in each of these cases will be provided by the parents/guardians.

A family that has plans to move to the school district after a school semester has begun may apply for provisional permission to register their child or children in the school district at the commencement of such semester, if the move will occur during the first quarter of the school year. If the move has not been completed within the first quarter of the school year, an extension may be given to the end of the semester. Transportation in such cases will be provided by the parents/guardians. In order for the district to consider such provisional permission to enroll, the family must produce adequate documentation that the move will occur before the end of that semester. Documentation may include a signed purchase and sale agreement, a deed along with a statement from the building department indicating substantial completion and imminent issuance of an occupancy permit, or a signed lease agreement. If the move has not occurred by the end of such school semester, enrollment will be terminated.

A student who is a non-resident citizen of a foreign country will be considered for enrollment in special programs approved by the School Committee, such as educational exchange programs, in accordance with state and federal law.

The Superintendent and the School Committee may mutually make additional exceptions to the residency requirement when, in their sole discretion, extraordinary hardship would result otherwise.

CERTIFICATE OF RESIDENCY

1. I understand that _____ (Name of Student) must be a resident of either Dighton or Rehoboth in order to attend school in the Dighton-Rehoboth Regional School District.

2. _____ (Name of Student) resides at the following address:

3. Please check one:

☐ The student is over the age of 18 and has established his/her own residency at the above address.

☐ The student lives with his/her parent at the above address.

☐ The student lives with his/her legal guardian at the above address (please provide legal documentation of guardianship).

☐ The student lives at the above address, which is not the residence of his/her parent or legal guardian. I certify that the student is not temporarily residing at the above address without his/her parent or guardian for the special purpose of attending school in the Dighton-Rehoboth Regional School District. The reasons for the student's residence at the above address is as follows (please describe):

(use back of form if necessary)

4. I understand that the enrollment of the student named above in the Dighton-Rehoboth Regional School District is contingent upon the conditions of the Residency Policy, File JFAA/JFBA, which I have read. I also understand that violation of this policy may result in termination of the child's enrollment and that I may be liable for payment of restitution and/or tuition.

File: JFAA/JFBA-E

I hereby certify under the pains and penalties of perjury, the information provided above is accurate and true.

Signature

Date

Print Name and Relationship to Student

Your Address

Your Telephone Number

On this ____ day of _____, 20__, before me, the undersigned Town Clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Town Clerk Signature

Term Expires:

Town Seal:

Approved: 06/14/2016



**MassHealth
School-Based Medicaid Program Bulletin 32
June 2019**

TO: School-Based Medicaid Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Parental Consent for Local Education Agencies to Bill MassHealth
Does Not Change MassHealth Benefits Outside of School**

Background

MassHealth is dedicated to improving the health outcomes of our diverse members, their families, and their communities by providing access to integrated health care systems that sustainably promote health, well-being, independence, and quality of life.

According to guidance published by the Department of Elementary and Secondary Education (DESE), the Family Education Rights and Privacy Act (FERPA) requires LEAs to obtain consent from a parent or guardian to share information with MassHealth, including information needed to bill MassHealth for services provided to students, DESE provides [guidance on parental consent requirements](#) on its website.

This bulletin clarifies that parental consent allowing LEAs to bill MassHealth does not change the MassHealth services that members can receive inside or outside of school. LEAs are encouraged to share this bulletin with parents and guardians to clarify this policy.

The School Based Medicaid Program (SBMP) does offer local education agencies (LEAs) an important opportunity to be reimbursed when they provide MassHealth covered services to MassHealth members. LEAs can be cities, towns, charter schools, regional schools, vocational schools, or technical schools. LEAs may bill MassHealth for reimbursable services and administrative costs. Parents and guardians of MassHealth members are **not** billed for these services.

Consent to LEA Billing MassHealth

Granting or revoking parent or guardian consent to allow the LEA to bill MassHealth **does not change** the amount, frequency, or duration of MassHealth services that MassHealth members can receive inside or outside of school. Services that MassHealth members may receive both in and out of school include, but are not limited to

- Nursing services
- Physical, occupational, and speech therapies
- Applied Behavior Analysis (ABA) services
- Psychotherapy services

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MassHealth may require prior authorization (PA) to determine whether certain services are medically necessary outside of school. PA may be required before services start or after a certain threshold of visits have been met. As part of the PA process, MassHealth reviews the member's needs and/or conducts a clinical evaluation of the member's needs and also considers the services the member already receives, including the services expected to be delivered in the school setting.

Clinical review and prior authorization are conducted as appropriate **regardless of whether an LEA bills MassHealth**. Thus, the granting or revoking of parental or guardian consent for LEAs to bill MassHealth does not change the amount, frequency, or duration of services provided outside of school.

SBMP Website

For more information about the School-Based Medicaid Program, including the upcoming changes effective July 1, 2019, please see www.mass.gov/masshealth/schools. A copy of this bulletin can be found at www.mass.gov/lists/sbmp-program-bulletins.

Questions

If LEAs have questions about this bulletin please contact the School-Based Medicaid Claiming Program at (800) 535-6741 or by email at schoolbasedclaiming@umassmed.edu.

If parents or guardians have questions or concerns about their child's out-of-school MassHealth benefits, please contact the MassHealth Customer Service Center at (800) 841-2900.

For questions specifically about Community Case Management (CCM), please contact the CCM program at (508) 856-6222.

For questions about parent or guardian consent, please contact the DESE Office of Student and Family Support at (781) 338-3010 or by email at achievement@doe.mass.edu.

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Dighton - Rehoboth Regional School District 0650

School/District Contact: Kristin Donahue Phone 508-252-5000 Ext. 5143

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):

Add more children